



CAC Spa Menu

Pet's Name: _____ Client Name: _____
Best Contact Number(s): _____ Pick up time: _____

My pet needs the following spa choices: (please mark 1 of 3 choices with an X)

Full Groom (haircut)
 Mini Groom (face, feet & tail)

- * Coat/Breed appropriate Shampoo
- * Brush out & blow dry
- * Coat/Breed specific haircut, unless otherwise detailed below.
- * Nail Trim
- * Ear cleaning
- * Bandana & cologne

"The Works" Bath

- * Deodorizing Shampoo or as detailed below
- * Nail Trim
- * Ear Cleaning
- * Brush out & blow dry
- * Bandana & cologne

* If your pet is matted, may we suggest getting your pet groomed *

"Clean Up" Bath

- * Deodorizing shampoo or as detailed below.
- * Towel Dry

**This bath is meant for breeds with short low maintenance coats. If your pet has long hair that requires brushing and/or dematting, may we suggest upgrading to either a "The Works" bath or a professional grooming **

Please describe in detail your expectations and specifications of your groom:

My pet needs additional services: (please mark as many as you desire with an X)

****Additional Charges Apply****

- Love my pet, hate the shedding! Please perform a de-shedding treatment.
- My pet is scooting, licking at rear or needs an anal gland expression performed.
- My pet needs a medicated shampoo or has skin issues: _____
- I would prefer my pet have their manicure & pedicure done with a dremel.
- My pet has the following "Special Needs": _____
- My pet needs to see a doctor for: _____

CAC policy: For the safety of your pet and the pets that are on the premises, we require any pet staying with us to be current on vaccinations, fecal and flea preventative. If our records show that your pet is due for any of the below requirements, in signing below you agree to either a) have CAC proceed with updating all requirements or b) you will provide us with proof of such within 2 hours of dropping off at CAC.

K9 requirements: Current Rabies, DHPP vaccines and Bordetella and intestinal parasite screen in the past 6 months.

Feline requirements: Current Rabies, FVRCP, Felv or proof of negative combo test & fecal /deworming within the year.

CAC is a flea free environment. All pets must be on a veterinary prescribed flea/tick prevention. In the case where prevention has not been given within the past month or we detect fleas/ticks, we will treat with either Capstar or apply a flea/tick preventative at owner's expense.

I applied _____ on ____/____/____
Print name of flea/tick prevention Date applied

_____ Date
Owner or authorized agent